

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09 800 613</b>	FILING DATE <b>03/07/01</b>			
							APPLICANT(S)				
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
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11		/					61				
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15		/					65				
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37							87				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	30						TOTAL DEP.				
TOTAL CLAIMS	35						TOTAL CLAIMS				

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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